

# HOW TO COMPLETE THE PART-TIME APPOINTMENT RENEWAL PROCESS IN FHS DB (FACULTY)

---

TARGET AUDIENCE: FACULTY WITH PART-TIME/ADJUNCT APPOINTMENTS

Updated December 13, 2024

## OVERVIEW

This document outlines how to use **FHS DB** to complete your part-time faculty appointment renewal application.

In the past, this process was completed using paper and/or PDF application forms. A new, digital process has been implemented to facilitate appointment renewal, eliminating the need for application forms and signatures.

## LOGIN TO FHS DB

Go to <https://fhsdb.mcmaster.ca/>. You must log in to the system using your **MacID**. Your MacID must be activated before use.

**If you have not activated your MacID**, please see these instructions: [How to Activate your MacID](#).

Once your MacID is activated, you will then need to set up **Multi-Factor Authentication (MFA)** for security purposes. The MacID activation instructions also provide instructions for setting up MFA.

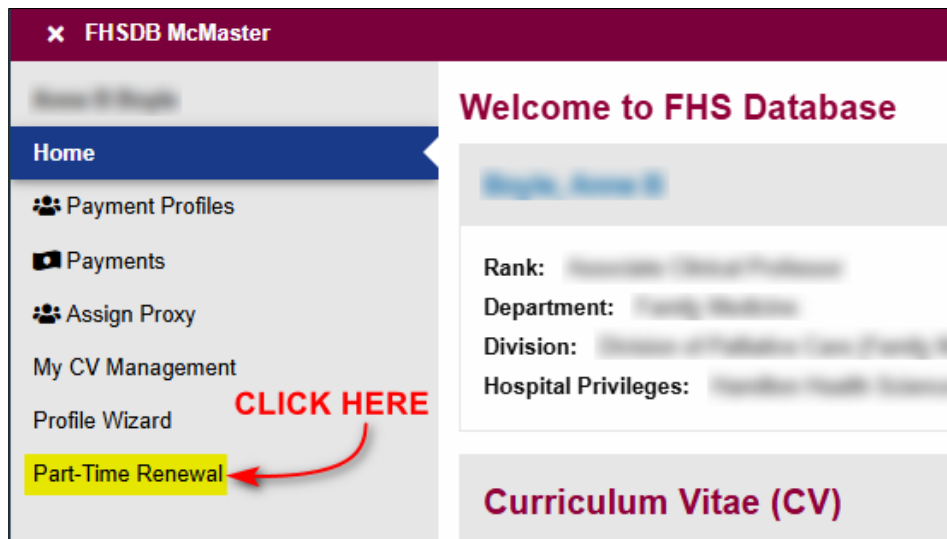
If you have any questions about how to log in, refer to this user guide on our website: [How to Login to FHS DB](#).

## RENEWAL APPLICATION

### NAVIGATING TO YOUR APPLICATION

On the left sidebar menu, you will see an item called “**Part-Time Renewal**”.

Click on “Part-Time Renewal” to begin the process:



## PART-TIME RENEWAL DASHBOARD

You will be brought to a screen containing an overview of your appointment renewal. Click the blue **“Start”** button to begin your review and signature process:

**If you do not see the Start button**, please contact the academic coordinator for your department or teaching location (this is the person contacting you to complete this process).

### STEP 1: INFORMATION REVIEW

First, you will be asked to review and confirm or update the following:

- information about your appointment, such as division, teaching location, and hospital privileges, if applicable
- your contact information, including addresses, phone numbers, and email addresses

*If you have previously completed the Profile Wizard in FHS DB, the information you provided will appear for your review and confirmation.*

The first screen will look like this:

- Click **“Save & Next”** to go through the Wizard and confirm or update address(es) and email address(es)
- The **“Back”** button will bring you to the previous screen
- In the case of this first screen, click the **“Back”** button to exit without completing the application

## STEP 2: REVIEW OF CONTRIBUTIONS

Next, you will be asked to review and confirm the summary of contributions that you have completed over the last 3 years of your appointment. Contribution requirements are per McMaster Supplementary Policy Statement A4 ([SPS A4](#)), *Procedures for Other Appointments within the Faculty of Health Sciences*, and at the primary department’s discretion.

To review your contributions made to programs in McMaster’s Faculty of Health Sciences and entered into FHS DB as part of the credited contributions system:

- Click “Contribution Breakdown” for a summary (will open a box on the same screen)
- Click “Contribution Detail” to see the details of each contribution (will open a new tab in your browser)

In addition, if you are involved in other mutually agreed upon contributions that are not captured by the credited contributions system:

- Your department may have uploaded documentation, which you may review
- You may upload documentation outlining contributions that have not been otherwise captured

**If you have questions about your contributions**, please contact the academic coordinator for your department or teaching location (this is the person contacting you to complete this process).

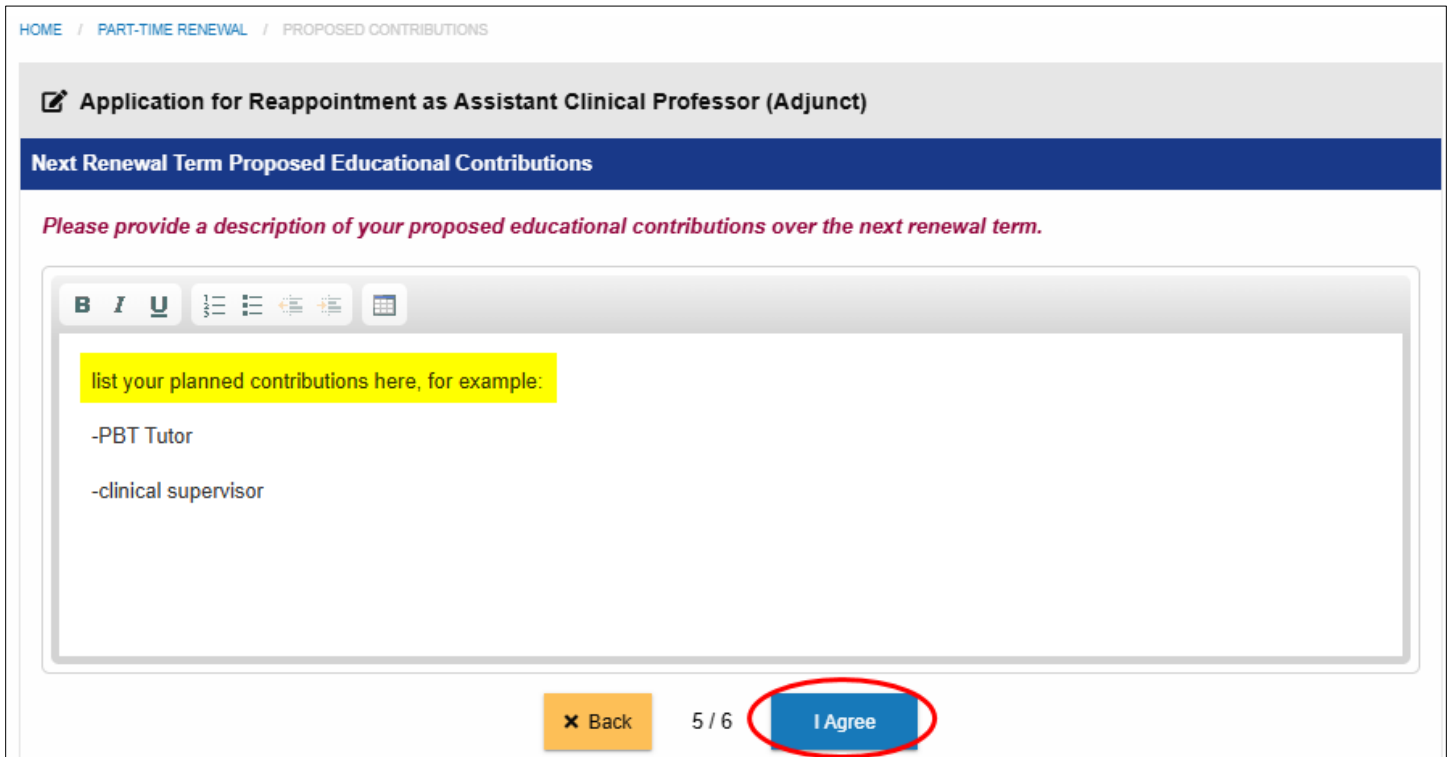
The screenshot shows a web interface for 'Application for Reappointment as Assistant Clinical Professor (Adjunct)'. The main heading is 'Review of Contribution Hours'. There are two buttons: 'Contribution Breakdown' and 'Contribution Detail'. A red arrow points to 'Contribution Breakdown' with the text 'Click here for a pop-up summary of contributions'. Another red arrow points to 'Contribution Detail' with the text 'Click here for full details on each contribution'. Below these buttons is an 'Add Documentation' button with a red arrow pointing to it and the text 'Click to upload any additional information for the department to include in your renewal file.' Below the 'Add Documentation' button is a table with one entry: 'Other\_Contributions-Doe\_J-2022-2025.xlsx' with a description 'Any files your department has added can be reviewed here. Any files you add will be listed here.' and an upload date of '2024-12-11 08:24pm'. At the bottom of the interface, there are two buttons: 'Back' and 'I Agree'. The 'I Agree' button is circled in red.

Click “I Agree” to advance to the next screen, or “Back” to go to the previous screen.

### STEP 3: CONTRIBUTIONS FOR NEXT 3 YEARS

After reviewing the contributions made during the current appointment period, you will be asked to provide information about the contributions that you intend to make during the next appointment period.

**Please note:** if you copy and paste any special characters, such as quotation marks, bullet points, etc., they will not show up properly on your final renewal application file. Please address this in the text box by deleting and replacing them with a character on your keyboard.



HOME / PART-TIME RENEWAL / PROPOSED CONTRIBUTIONS

**Application for Reappointment as Assistant Clinical Professor (Adjunct)**

**Next Renewal Term Proposed Educational Contributions**

*Please provide a description of your proposed educational contributions over the next renewal term.*

**B I U** [List] [Link] [Unlink] [Calendar]

list your planned contributions here, for example:

- PBT Tutor
- clinical supervisor

5 / 6

Click "I Agree" to advance to the next screen, or "Back" to go to the previous screen.

## STEP 4: APPLICATION SIGN-OFF

### If you agree with the appointment renewal:

1. Acknowledge the list of appointment terms and conditions by clicking the checkbox next to each one:

HOME / PART-TIME RENEWAL / AGREEMENT

Application for Reappointment as Assistant Clinical Professor (Adjunct)

**Part-Time Renewal Agreement**

By signing this form, I agree with the following: **Click each of the checkboxes to enable the "I Agree" button**

- 1. I have reviewed my contact details and have updated them where appropriate.
- 2. I have reviewed the details provided outlining my educational contributions and activities over the past term and agree that this is accurate (or if there are inaccuracies, I have provided corrections).
- 3. I have provided a description of my expected contributions over the upcoming 3 years and understand that this may change due to departmental and program needs and I agree to fulfill any educational opportunities that are assigned to me.
- 4. I understand that this recommendation for renewal is based upon meeting the minimum number of weighted hours as outlined in [SPS A4](#) of educational and/or other approved service to the Faculty over the course of my appointment and is based on student evaluations of my performance. I further understand that in some cases, my appointment may be renewed if I do not reach the expected threshold of contributions.
- 5. I agree that I will abide by the [Faculty Code of Conduct](#).
- 6. I confirm that I will abide by the conditions outlined in [SPS A12](#), Fundamental Conditions of Appointment for Clinical Faculty, specifically that I hold a license, in good standing, with CPSO, I hold appropriate malpractice liability insurance and that I continue to be active medical staff at the location(s) listed above.
- 7. I will inform the Chair of my Academic Departments as soon as possible if there are changes to the information listed in #6.

**These statements will only appear for faculty members with a CPSO license.**

Please type your name below

6 / 6

Note: The information gathered on this form is collected under the authority of the McMaster University Act 1976. The information is used for the academic, administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario, (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210, and McMaster University.

2. Type your name in the box at the bottom and click "I agree" to accept the appointment renewal:

Please type your name below

6 / 6

Note: The information gathered on this form is collected under the authority of the McMaster University Act 1976. The information is used for the academic, administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario, (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210, and McMaster University.

This method replaces the signature that you provided on the application form in the previous process.

**If you wish to decline the appointment renewal:**

1. Click the “I Decline” button. Declining indicates that you are requesting to end your appointment at the end of the term.

HOME / PART-TIME RENEWAL / AGREEMENT

**Application for Reappointment as Assistant Clinical Professor (Adjunct)**

**Part-Time Renewal Agreement**

By signing this form, I agree with the following:

- 1. I have reviewed my contact details and have updated them where appropriate.
- 2. I have reviewed the details provided outlining my educational contributions and activities over the past term and agree that this is accurate (or if there are inaccuracies, I have provided corrections).
- 3. I have provided a description of my expected contributions over the upcoming 3 years and understand that this may change due to departmental and program needs and I agree to fulfill any educational opportunities that are assigned to me.
- 4. I understand that this recommendation for renewal is based upon meeting the minimum number of weighted hours as outlined in [SPS A4](#) of educational and/or other approved service to the Faculty over the course of my appointment and is based on student evaluations of my performance. I further understand that in some cases, my appointment may be renewed if I do not reach the expected threshold of contributions.
- 5. I agree that I will abide by the [Faculty Code of Conduct](#).
- 6. I confirm that I will abide by the conditions outlined in [SPS A12](#), Fundamental Conditions of Appointment for Clinical Faculty, specifically that I hold a license, in good standing, with CPSO, I hold appropriate malpractice liability insurance and that I continue to be active medical staff at the location(s) listed above.
- 7. I will inform the Chair of my Academic Departments as soon as possible if there are changes to the information listed in #6.

Please type your name below

Back 6 / 6 I Agree **I Decline**

Note: The information gathered on this form is collected under the authority of the McMaster University Act 1976. The information is used for the academic, administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario, (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210, and McMaster University.

2. Provide a brief description of your reasons for declining the appointment renewal:

HOME / PERSONAL INFORMATION / PART-TIME RENEWAL / PROPOSED CONTRIBUTIONS

**Application for Reappointment as Assistant Clinical Professor (Adjunct)**

**Part-Time Renewal Agreement**

**Please state the reason for declining the renewal application:**

Max. 500 characters (500 remaining)

Back **I Decline**



If you **accidentally decline** your renewal, please contact the academic coordinator for your department or teaching location (this is the person contacting you to complete this process).

## NEXT STEPS IN THE RENEWAL PROCESS

After completing your renewal application, you will be brought back to the Renewal Dashboard screen.

You will be able to monitor the progress of your application, but you will no longer have access to modify anything within your application.

The application will now go back to your department to complete the next steps, which include approval from the location/division and/or department educational leadership, and from the Department Chair. Once all approvals have been obtained, the application will be submitted to the FHS Faculty Relations Office for processing.

HOME / PART-TIME RENEWAL


**Welcome to your Part-Time Renewal Dashboard!**

To renew your appointment for another term and to confirm the information in this application, you will be taken through a series of steps for review. This includes appointment information including teaching location, and/or division if applicable, contact information, teaching contribution summary, contribution intentions for the next three years and acknowledgment of terms and conditions.

Click on the Start button on the left and confirm or edit the information on the pages. At any time, you can go back to the previous page.

For more detailed overview and instructions please see our Faculty Renewal Reference Guide.

Showing 1 to 1 of 1 entries Filter

Faculty Name	Email	Contribution Hours (3 years)	Decision	Renewal Term (years)	Department	Division	Rank	Primary Location	College ID Type	College ID	License Verified	Status	Step	Reviewer
		237	Renew	3	Family Medicine	Division of Family Medicine	Assistant Clinical Professor (Adjunct)	Hamilton Region	CPSO		Yes	Pending Department	Faculty Signed (Central Coordinator)	

- The eyeball icon will allow you to view the draft version of your application. This is not the final version until all authorizing signatures from the department have been obtained.

**If you have any questions or concerns about the application you submitted, please contact the academic coordinator for your department or teaching location (the person contacting you to complete this process).**

## NEED SUPPORT?

Please log a service ticket [here](#). All FHS DB User Guides can be found on the [FHS DB website](#).